

PCB

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5						
6						
7						
8						
9	2					
10	2					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	2					
18	2					
19						
20						
21						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	21					
TOTAL CLAIMS	95					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						